

# (SPORTS) JIM ELLIOT CHRISTIAN HIGH SCHOOL EMERGENCY MEDICAL RELEASE FORM

*It is the parent's/guardian's responsibility to keep this information updated*

\_\_\_\_\_  
Student's Name (Last, First)                      Date of Birth                      Day Phone                      Student Cell Phone

\_\_\_\_\_  
Home Address                      City                      Zip

\_\_\_\_\_  
Father/Guardian's Name                      Place of Employment                      Day Phone                      Cell Phone

\_\_\_\_\_  
Mother/Guardian's Name                      Place of Employment                      Day Phone                      Cell Phone

*Person to be contacted if neither parent can be reached:*

\_\_\_\_\_  
Name                      Relationship                      Day Phone                      Night Phone

\_\_\_\_\_  
Name                      Relationship                      Day Phone                      Night Phone

In case of emergency when a Parent/Guardian is unavailable, we permit Jim Elliot Christian High School to take our daughter/son, at our expense, by ambulance, to the nearest hospital for treatment or to:

\_\_\_\_\_  
Doctor                      Address                      Phone

\_\_\_\_\_  
Insurance Company                      Policy Number / ID Number                      Name of Insured

List any allergies or medication: \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

My daughter/son has my permission to participate in JECHS activities, whether local or out-of-town events. We authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. We agree not to hold the school or anyone acting in the school's behalf responsible for any injury occurring to the above named student.

\_\_\_\_\_  
Parent Signature                      Date